

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/594616

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	1		1			
2		1		1			52	1					
3		1					53	1					
4		1					54	1	1	1			
5		1			1		55	1					
6		1					56	1					
7		1					57	1		1			
8		1					58	1					
9		1					59	1		1			
10		1					60	1					
11		1					61	1		1			
12		1			1		62	3					
13		1			1		63	1					
14		1					64						
15		1			1		65						
16		1			1		66						
17		1			1		67						
18		16					68						
19		16			8		69						
20		16			8		70						
21		16			6		71						
22		16					72						
23		16					73						
24		16					74						
25		16					75						
26		16					76						
27		16					77						
28		13					78						
29		13			3		79						
30		13			3		80						
31		13					81						
32		13			3		82						
33		1					83						
34	1		1				84						
35		1			1		85						
36		1					86						
37		1					87						
38		1			1		88						
39		1			1		89						
40		1			1		90						
41		1					91						
42		1					92						
43		1					93						
44		2			①		94						
45		1					95						
46	1		1				96						
47		1					97						
48		1			1		98						
49		1			1		99						
50		2			2		100						
TOTAL IND.	3		3		0		TOTAL IND.	1		1		0	
TOTAL DEP.	259	←	48	←	0	←	TOTAL DEP.	14	←	4	←	0	←
TOTAL CLAIMS	262		51		0		TOTAL CLAIMS	15		5		0	